STATE OF HAWAII				PAGE c	of
OTHER EXTRA EXPENSES SUMMARY RE	ECORD				
1. APPICANT (DEPT/DIV)		2. PA ID	3. PW #	4. DISASTER NUM	MBER
5. LOCATION/SITE:		6. CATEGORY		7. PERIOD COVE	RING
8. DESCRIPTION OF WORK PERFORMED)				
DATES INCURRED	VENDOR	BILLING/INVOICE NUMBER	AMOUNT		XTRA EXPENSE EENTAL, ETC.)
		GRAND TOTAL			
I CERTIFY THAT THE ABOVE INFORMATION	WAS OBTAINED FROM PAYROLL			TS THAT ARE AVAILA	BLE FOR AUDIT.
CERTIFIED			TITLE		